

PART B - FEE(S) TRANSMITTAL

th applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(571) 273-2885

CURRENT CORRESPONDENC	E ADDRESS (Note: Use Block I for a	ny change of address)	Note: A certifica	te of mailing can only be used	for domestic mailings of the
			papers. Each add	itional paper, such as an assignn ificate of mailing or transmission	nent or formal drawing, mus
	90 01/20/2006	2.0	nave its own cen		
JOHN J TORREN	WITZ & LATMAN F	P.C.	l hereby certify t	Certificate of Mailing or Transhat this Fee(s) Transmittal is being	ismission ne deposited with the United
1133 AVE OF THE			States Postal Ser	hat this Fee(s) Transmittal is bei vice with sufficient postage for fi Mail Stop ISSUE FEE addres USPTO (571) 273-2885, on the	irst class mail in an envelop
	10036 3 00000021 09295323		transmitted to the	USPTO (571) 273-2885, on the	date indicated below.
)2/07/2006 WABDELR.	3 00000051 03532353		John J.	Torrente +	(Depositor's name)
01 FC:1501 1400.00 OP			Dim	J. Janem	(Signature)
02 FC:8001	30.00 OP		Februar	y 2 2006	(Date
APPLICATION NO.	FILING DATE	FIRST NAI	MED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
	-			- 	·
09/295,323	04/20/1999	YOSHIF	IIRO HONMA V	B208-1031	7044
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	МО	\$1400	\$0	\$1400	04/20/2006
EXAM	INER	ART UNIT	CLASS-SUBCLASS		
HANNETT,	JAMES M	2612	348-222100		•
					
Change of correspondence	e address or indication of "Fee	: Address" (37 2. For r	printing on the natent front na	ge list	
Change of correspondence FR 1.363).		(1) the	printing on the patent front pa names of up to 3 registered	·	Liebowitz & Latm
FR 1.363).		orrespondence (1) the	names of up to 3 registered its OR, alternatively,	patent attorneys	Liebowitz & Latm
FR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicati	ence address (or Change of C 2) attached. ion (or "Fee Address" Indicati	orrespondence (1) the or agen	names of up to 3 registered its OR, alternatively, name of a single firm (having	patent attorneys	Liebowitz & Latm
FR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicati		orrespondence (1) the or agen (2) the register of a Customer 2 regist	names of up to 3 registered its OR, alternatively,	patent attorneys	Liebowitz & Latm
FR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required.	ence address (or Change of C 2) attached. ion (or "Fee Address" Indicati	orrespondence (1) the or agen (2) the register of a Customer listed, r	names of up to 3 registered its OR, alternatively, name of a single firm (havin red attorney or agent) and the tered patent attorneys or agen no name will be printed.	patent attorneys	Liebowitz & Latm
FR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required. ASSIGNEE NAME AND	ence address (or Change of C (2) attached. ion (or "Fee Address" Indicati r more recent) attached. Use of RESIDENCE DATA TO BE	(1) the or agen (2) the register 2 regist listed, r	names of up to 3 registered its OR, alternatively, name of a single firm (having red attorney or agent) and the tered patent attorneys or agen no name will be printed. ENT (print or type)	g as a member a names of up to is. If no name is 3	
FR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	ence address (or Change of C.2) attached. ion (or "Fee Address" Indication more recent) attached. Use of RESIDENCE DATA TO BE an assignee is identified beloated of the completion of the comple	(1) the or agen (2) the register 2 regist listed, r PRINTED ON THE PATE ow, no assignee data will a this form is NOT a substitution of the part of the	names of up to 3 registered its OR, alternatively, name of a single firm (having red attorney or agent) and the tered patent attorneys or agen no name will be printed. ENT (print or type) appear on the patent. If an a ute for filing an assignment.	g as a member a names of up to ts. If no name is 3sssignee is identified below, the	Liebowitz & Latme
FR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicases" indicase Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	ence address (or Change of C.2) attached. ion (or "Fee Address" Indicati ir more recent) attached. Use of RESIDENCE DATA TO BE an assignee is identified below 37 CFR 3.11. Completion of	(1) the or agen (2) the register of a Customer PRINTED ON THE PATE ow, no assignee data will a this form is NOT a substitution (B) RESIDE	names of up to 3 registered its OR, alternatively, name of a single firm (having ed attorney or agent) and the tered patent attorneys or agen no name will be printed. ENT (print or type) appear on the patent. If an a te for filing an assignment. NCE: (CITY and STATE OR	g as a member a names of up to ts. If no name is 3sssignee is identified below, the	
FR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/22 on Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Canon Kabus	ence address (or Change of C. (2) attached. ion (or "Fee Address" Indication more recent) attached. Use of RESIDENCE DATA TO BE an assignee is identified below 37 CFR 3.11. Completion of EE	(1) the or agen (2) the register of a Customer PRINTED ON THE PATE ow, no assignee data will a this form is NOT a substitution (B) RESIDE	names of up to 3 registered its OR, alternatively, name of a single firm (having ed attorney or agent) and theret patent attorneys or agen no name will be printed. ENT (print or type) appear on the patent. If an a te for filing an assignment. NCE: (CITY and STATE OR	g as a member a names of up to ts. If no name is 3sssignee is identified below, the	
FR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 on Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Canon Kabus Recorded: (4)	ence address (or Change of C (2) attached. ion (or "Fee Address" Indicati ir more recent) attached. Use of RESIDENCE DATA TO BE an assignee is identified bek 37 CFR 3.11. Completion of EE shiki Kaisha	(1) the or agen (2) the register (2) for a Customer of a C	names of up to 3 registered its OR, alternatively, name of a single firm (having red attorney or agent) and the tered patent attorneys or agen no name will be printed. ENT (print or type) appear on the patent. If an a ute for filling an assignment. NCE: (CITY and STATE OR o, Japan rame: 0962	g as a member a names of up to ts. If no name is 3sssignee is identified below, the	document has been filed for
FR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 on Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Canon Kabus Recorded: (4)	ence address (or Change of C (2) attached. ion (or "Fee Address" Indication from the recent) attached. Use of RESIDENCE DATA TO BE an assignee is identified beloated of CFR 3.11. Completion of the See Shiki Kaisha (5/7/1999) Ree assignee category or categorial assignee category or categorial care in the see as a see	(1) the or agen (2) the register (2) for a Customer of a C	names of up to 3 registered its OR, alternatively, name of a single firm (havin, red attorney or agent) and the tered patent attorneys or agen in name will be printed. ENT (print or type) appear on the patent. If an aute for filing an assignment. NCE: (CITY and STATE OR O, Japan rame: 0962 e patent):	g as a member a names of up to is. If no name is 3ssignee is identified below, the country)	document has been filed for
FR 1.163). Change of correspond Address form PTO/SB/12 "Fee Address" indicated PTO/SB/12 The Fee Address indicated PTO/SB/17; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Canon Kabus Recorded: (Canon Kabus Recorded: (Can	ence address (or Change of C (2) attached. ion (or "Fee Address" Indication more recent) attached. Use of RESIDENCE DATA TO BE an assignee is identified beloated of CFR 3.11. Completion of the	(1) the or agen (2) the register 2 register 2 regist listed, register 2 regist	names of up to 3 registered its OR, alternatively, name of a single firm (havin, red attorney or agent) and the tered patent attorneys or agen in name will be printed. ENT (print or type) appear on the patent. If an aute for filling an assignment. NCE: (CITY and STATE OR C), Japan Tame: 0962 e patent): Individual of Fee(s): ck in the amount of the fee(s)	g as a member a names of up to st. If no name is 3 ssignee is identified below, the country) Country) Corporation or other private grain is enclosed.	document has been filed for
FR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicated PTO/SB/12 "Fee Address" indicated PTO/SB/12 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Canon Kabus Recorded: (Canon Kabus Record	ence address (or Change of C (2) attached. ion (or "Fee Address" Indication more recent) attached. Use of RESIDENCE DATA TO BE an assignee is identified beload 37 CFR 3.11. Completion of the Shiki Kaisha (5/7/1999) Recassignee category or categoric enclosed:	(1) the or agen (2) the register (2) register (2) register (2) register (3) register (4) register (5) registe	names of up to 3 registered its OR, alternatively, name of a single firm (havin, red attorney or agent) and the tered patent attorneys or agen in name will be printed. ENT (print or type) appear on the patent. If an aute for filing an assignment. NCE: (CITY and STATE OR D. Japan rame: 0962 e patent): Individual of Fee(s): ck in the amount of the fee(s) ent by credit card. Form PTO-	g as a member a names of up to is. If no name is 3	document has been filed for
FR 1.163). Change of correspond Address form PTO/SB/12 "Fee Address" indicated PTO/SB/12 The Fee Address indicated PTO/SB/17; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Canon Kabus Recorded: (Canon Kabus Recorded: (Can	ence address (or Change of C (2) attached. ion (or "Fee Address" Indication more recent) attached. Use of RESIDENCE DATA TO BE an assignee is identified beload 37 CFR 3.11. Completion of the Shiki Kaisha (5/7/1999) Recassignee category or categoric enclosed:	(1) the or agen (2) the register (2) register (2) register (2) register (3) register (4) register (5) registe	names of up to 3 registered its OR, alternatively, name of a single firm (havin, red attorney or agent) and the tered patent attorneys or agen in name will be printed. ENT (print or type) appear on the patent. If an aute for filing an assignment. NCE: (CITY and STATE OR D. Japan rame: 0962 e patent): Individual of Fee(s): ck in the amount of the fee(s) ent by credit card. Form PTO-	g as a member a names of up to st. If no name is 3 ssignee is identified below, the country) Country) Corporation or other private grain is enclosed.	document has been filed for
FR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 on Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Canon Kabus Recorded: (ease check the appropriate The following fee(s) are considered in Publication Fee (No see Advance Order - # of Change in Entity Status (ence address (or Change of C (2) attached. Ion (or "Fee Address" Indication from the control of	(1) the or agen (2) the register (3) the register (4) the register (2) the register (2) the register (3) the register (4) the register (4) the register (4) the register (5) the register (4) the register (5) the register (4) the register (5) the	names of up to 3 registered its OR, alternatively, name of a single firm (havin, name of a single firm (havin, red attorney or agent) and the tered patent attorneys or agen no name will be printed. ENT (print or type) Tappear on the patent. If an aute for filling an assignment. NCE: (CITY and STATE OR O, Japan rame: 0962 e patent): Individual of Fee(s): ck in the amount of the fee(s) ent by credit card. Form PTO- Director is hereby authorized.	g as a member a names of up to ts. If no name is 3 ssignee is identified below, the country) COUNTRY) Corporation or other private graits enclosed. 2038 is attached. by charge the required fee(s), or other private graits enclosed.	roup entity Government credit any overpayment, to
FR 1.163). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/12 "Fee Address" indicate PTO/SB/12 "Fee Address" indicate PTO/SB/12 ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Canon Kabus Recorded: (Canon K	ence address (or Change of C (2) attached. ion (or "Fee Address" Indication more recent) attached. Use of RESIDENCE DATA TO BE an assignee is identified beloated at the completion of the second sec	(1) the or agen (2) the register 2 register 2 regist listed, register 2 regist	names of up to 3 registered its OR, alternatively, name of a single firm (havin, red attorney or agent) and the tered patent attorneys or agen in name will be printed. ENT (print or type) Tappear on the patent. If an aute for filling an assignment. INCE: (CITY and STATE OR C), Japan Tame: 0962 e patent): Individual of Fee(s): ck in the amount of the fee(s) chirt by credit card. Form PTO- Director is hereby authorized account Number	g as a member a names of up to ts. If no name is 3 ssignee is identified below, the country) COUNTRY) Corporation or other private grain is enclosed. 2038 is attached. by charge the required fee(s), or 1415 (enclose an extra country)	roup entity Government credit any overpayment, to copy of this form).
FR 1.163). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/12 "Fee Address" indicate PTO/SB/12 "Fee Address" indicate PTO/SB/12 ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Canon Kabus Recorded: (Canon K	ence address (or Change of C (2) attached. ion (or "Fee Address" Indication more recent) attached. Use of RESIDENCE DATA TO BE an assignee is identified beloated at the completion of the second sec	(1) the or agen (2) the register 2 register 2 regist listed, register 2 regist	names of up to 3 registered its OR, alternatively, name of a single firm (havin, red attorney or agent) and the tered patent attorneys or agen in name will be printed. ENT (print or type) Tappear on the patent. If an aute for filling an assignment. INCE: (CITY and STATE OR C), Japan Tame: 0962 e patent): Individual of Fee(s): ck in the amount of the fee(s) chirt by credit card. Form PTO- Director is hereby authorized account Number	g as a member a names of up to ts. If no name is 3 ssignee is identified below, the country) COUNTRY) Corporation or other private graits enclosed. 2038 is attached. by charge the required fee(s), or other private graits enclosed.	roup entity Government credit any overpayment, to copy of this form).
FR 1.163). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/12 "Fee Address" indicate PTO/SB/12 "Fee Address" indicate PTO/SB/12 ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Canon Kabus Recorded: (Canon K	ence address (or Change of C (2) attached. ion (or "Fee Address" Indication more recent) attached. Use of RESIDENCE DATA TO BE an assignee is identified beloated at the completion of the second sec	(1) the or agen (2) the register 2 register 2 regist listed, register 2 regist	names of up to 3 registered its OR, alternatively, name of a single firm (havin, red attorney or agent) and the tered patent attorneys or agen in name will be printed. ENT (print or type) Tappear on the patent. If an aute for filling an assignment. INCE: (CITY and STATE OR C), Japan Tame: 0962 e patent): Individual of Fee(s): ck in the amount of the fee(s) chirt by credit card. Form PTO- Director is hereby authorized account Number	g as a member a names of up to to. If no name is 3 ssignee is identified below, the country) COUNTRY) Corporation or other private grains enclosed. 2038 is attached. by charge the required fee(s), or 19415 (enclose an extra country) MALL ENTITY status. See 37 Country paid issue fee to the applicate registered attorney or agent; or the same of the s	roup entity Government credit any overpayment, to copy of this form).

Inis collection of information is required by 37 GFR 1/311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is gave need by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.